	Pa 1 of 11			
Fill in this information to identify y	our case:			
Debtor 1 Lee Alexande	r Bressler			
First Name	Middle Name Last Name		7.5	
Debtor 2	Middle Name			
(Spouse if, filing) First Name	Middle Name Last Name			
United States Bankruptcy Court for the	he: SOUTHERN DISTRICT OF NEW YORK		=	
Case number 18-13098				
(if known)			☐ Check	if this is an
			amen	ded filing
066 : 15 4005				
Official Form 106D				
Schedule D: Credito	rs Who Have Claims Secured	l by Propert	: y	12/15
	ie. If two married people are filing together, both are equit out, number the entries, and attach it to this form. On			
1. Do any creditors have claims secured	by your property?			
\square No. Check this box and subm	it this form to the court with your other schedules. Yo	ou have nothing else	to report on this form.	
Yes. Fill in all of the information	on below.			
Part 1: List All Secured Claims				
	as more than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If more than one creditor	has a particular claim, list the other creditors in Part 2. As setical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2.1 Northern Trust	Describe the property that secures the claim:	\$1,732,000.00	\$2,457,086.00	\$0.00
Creditor's Name	Investment Account of "The Jane C. Bressler 2010-A Family Trust"			
50 South La Salle Street Chicago, IL 60690	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one,	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or sector)	ured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
At least one of the debtors and another				
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 08/15/2016	Last 4 digits of account number 5846			
		¢000 054 00	¢2.750.000.00	£0.00
2.2 Santander Bank, N.A	Personal residence at 120 East 87th	\$609,054.00	\$2,750,000.00	\$0.00
and an individual of the second	Street			
225 East 86th St	As of the date you file, the claim is: Check all that apply			
New York, NY 10028	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply			
Debtor 1 only	An agreement you made (such as mortgage or sect	ured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
At least one of the debtors and anothe	' <u> </u>			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 03/02/2015	Last 4 digits of account number 4831			

Debtor 1 Lee Alexander Bressler		Case number (if known)	18-13098	
First Name Middle N	lame Last Name			
2.3 TIAA Bank	Describe the property that secures the claim:	\$1,275,394.00	\$2,750,000.00	\$0.00
Creditor's Name 501 Riverside Avenue	Personal residence at 120 East 87th Street.			
Jacksonville, FL 32232-4934	As of the date you file, the claim is: Check all that apply. Contingent	1		
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 12/11/2013	Last 4 digits of account number 103	0		
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$3,616,448	3.00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$3,616,448	3.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:	Pa 3 of 11		
Debtor 1 Lee Alexander Bressler			
First Name Middle I	Name Last Name		
Debtor 2	Name Last Name		
(Spouse if, filing) First Name Middle !	Name Last Name		
United States Bankruptcy Court for the: SOUTHER	N DISTRICT OF NEW YORK		
Case number 18-13098			
(if known)			Check if this is an
			mended filing
Official Faces 400F/F			
Official Form 106E/F			40/45
Schedule E/F: Creditors Who Have Be as complete and accurate as possible. Use Part 1 for cr			12/15
Schedule G: Executory Contracts and Unexpired Leases (Contracts of Schedule D: Creditors Who Have Claims Secured by Propelleft. Attach the Continuation Page to this page. If you have name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims.	erty. If more space is needed, copy no information to report in a Part,	he Part you need, fill it out, number the er	tries in the boxes on the
Do any creditors have priority unsecured claims again			
■ No. Go to Part 2			
☐ Yes.			
Part 2: List All of Your NONPRIORITY Unsecure	d Claims		
Do any creditors have nonpriority unsecured claims a			
☐ No. You have nothing to report in this part, Submit this		dules	
	s form to the court with your other schi	duies.	
Yes.			
List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other creditor.	n. For each claim listed, identify what	ype of claim it is. Do not list claims already in	cluded in Part 1. If more
List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim.	n. For each claim listed, identify what	ype of claim it is. Do not list claims already in	cluded in Part 1. If more
List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other crepart 2. American Arbitration Association	n. For each claim listed, identify what	ype of claim it is. Do not list claims already in	cluded in Part 1. If more Continuation Page of
List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other cre Part 2.	n. For each claim listed, identify what i editors in Part 3.If you have more than	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other creditor. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor	n. For each claim listed, identify what i editors in Part 3.If you have more than Last 4 digits of account number	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other crepart 2. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700	n. For each claim listed, identify what the ditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other creditor. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor	n. For each claim listed, identify what i editors in Part 3.If you have more than Last 4 digits of account number	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other creditor. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700 Number Street City State Zlp Code	n. For each claim listed, identify what the ditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008	cluded in Part 1. If more continuation Page of
 4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each clain than one creditor holds a particular claim, list the other crepart 2. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700 Number Street City State Zlp Code Who incurred the debt? Check one. 	n. For each claim listed, identify what reditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each clain than one creditor holds a particular claim, list the other crepart 2. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700 Number Street City State Zlp Code Who incurred the debt? Check one.	n. For each claim listed, identify what reditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008	cluded in Part 1. If more continuation Page of
 4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other crepart 2. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only 	As of the date you file, the claim Contingent Unliquidated	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008 s: Check all that apply	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each clain than one creditor holds a particular claim, list the other crepart 2. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	n. For each claim listed, identify what reditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008 s: Check all that apply	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each clain than one creditor holds a particular claim, list the other crepart 2. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	As of the date you file, the claim Contingent Unliquidated Type of NONPRIORITY unsecured Student loans Obligations arising out of a separation.	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008 s: Check all that apply	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each claim than one creditor holds a particular claim, list the other crepart 2. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Type of NONPRIORITY unsecured Student loans	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008 s: Check all that apply	cluded in Part 1. If more continuation Page of
4. List all of your nonpriority unsecured claims in the all unsecured claim, list the creditor separately for each clain than one creditor holds a particular claim, list the other crepart 2. 4.1 American Arbitration Association Nonpriority Creditor's Name 120 Broadway 21st Floor New York, NY 10271-2700 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims	ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 3401 08/16/2008 s: Check all that apply d claim: ration agreement or divorce that you did not g plans, and other similar debts	cluded in Part 1. If more continuation Page of

Debto	1 Lee Alexander Bressler	Pg 4 of 11	Case number (if known)	18-13098	
4.2	Carbon Investment Partners LLC	Last 4 digits of account number			\$12,000,000.00
	Nonpriority Creditor's Name 316 NW 61st Street	When was the debt incurred?	03/08/2018		· -,,
	Oklahoma City, OK 73118 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	☐ Debtor 2 only	Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:		
	At least one of the debtors and another	Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	□ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other, Specify Pending ar	bitration		
4,3	Carbon Master Fund LP	Last 4 digits of account number	ŭ.		Unknown
	Nonpriority Creditor's Name 316 NW 61st Street	When was the debt incurred?	03/08/2018		
	Oklahoma City, OK 73118 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one	,,,			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	■ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce	that you did not	
	■ _{No}	Debts to pension or profit-sharing	ig plans, and other similar de	ebts	
	Yes	Other. Specify Pending ar	bitration		
4.4	Firstmark Student Loan	Last 4 digits of account number	6518		\$41,013.25
	Nonpriority Creditor's Name P.O. Box 82522	When was the debt incurred?	07/16/2008		
	Lincoln, NE 68501	When was the debt mountain	01110/2000		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	П о - «Ч»			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated☐ Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:		
	At least one of the debtors and another	Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a sepa	aralion agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	□ Yes	Other, Specify			

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Scott Bressler	Last 4 digits of account number		_	\$403,442.
Nonpriority Creditor's Name 199 New Montgomery Street	When was the debt incurred?	07/01/2018		
Unit 905 San Francisco, CA 94105-3805 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce	that you did not	
■No	☐ Debts to pension or profit-shari	ing plans, and other similar de	ebts	
☐ Yes	Other, Specify Personal I	oan		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims				-	
om Part 1	6b	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	•	Total Claim
	01.	Student loans	01.	Ф	41,013.25
Total claims om Part 2	6g	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00
	Ch	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	
	6h.		6i.	Φ	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	UI.	\$	12,415,442.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	12,456,455.25

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

	case:		T 100 T
ee Alexander Br			
irst Name	Middle Name	Last Name	
	ACTUAL N	L. IAI	
irst Name	Middle Name	Last Name	
ptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK	
3098			
			☐ Check if this is an amended filing
	Lee Alexander Br Girst Name First Name uptcy Court for the:	iptcy Court for the: SOUTHERN DISTRICT	First Name Middle Name Last Name First Name Middle Name Last Name uptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			==
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	

Fill in th	nis information to identify your	case:		X E PSA EST
Debtor 1	Lee Alexander Br	essler		
D 11 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if,		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK	
Case nu	ımber 18-13098			
(if known)				☐ Check if this is an amended filing
Offici	al Form 106H			
Sche	dule H: Your Cod	ebtors		12/15
1. D \[\bigcap \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes Within the last 8 years, have you cona, California, Idaho, Louisiana, No. Go to line 3. Yes. Did your spouse, former spou	lived in a community pro Nevada, New Mexico, Pur Ise, or legal equivalent live	operty state or territory? (erto Rico, Texas, Washingter with you at the time?	Community property states and territories include
For	m 106Ď), Schedule E/F (Official Column 2.). Use Schedule D, Schedule E/F, or Schedule G to fi
	Column 1: Your codebtor Name, Number, Street, City, State and Zli	P Code		Check all schedules that apply:
3.1	Scott Bressler 199 New Montgomery Stre San Francisco, CA 94105	eet, Unit 905		■ Schedule D, line Schedule E/F, line Schedule G Northern Trust
3.2	Shira Bressler 120 East 87th Street, Apt. San Francisco, CA 94105	R20G		■ Schedule D, line □ Schedule E/F, line □ Schedule G Santander Bank, N.A
3.3	Shira Bressler 120 East 87th Street, Apt. San Francisco, CA 94105	R20G		■ Schedule D, line □ Schedule E/F, line □ Schedule G TIAA Bank

1311	in this information to identify your ca	ise:	فالساعة فيورد اعتراق	nmenda	111					
	otor 1 Lee Alexand									
	otor 2 use, if filing)									
Uni	ted States Bankruptcy Court for the	SOUTHERN DISTRIC	OT OF NEW YORK							
Cas	se number 18-13098					-	neck if this is:			
(If kn	own)						l An amende	0		1
						L			ing postpetition following date:	chapter
O:	fficial Form 106I						MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
Par	t1: Describe Employment Fill in your employment information.	On the top of any additi	onal pages, write yo Debtor 1	ur name	and	case	H HOLL HEVE		Answer every -filing spouse	question
	If you have more than one job,		■ Employed				Emple	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed				☐ Not e	mployed		
	employers.	Occupation	Sales							
	Include part-time, seasonal, or self-employed work.	Employer's name					-			
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any	line, v	vrite \$0 in the	space.	nclude your nor	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	empl	oyers	for that perso	on the	e lines below. If y	you need
						For	Debtor 1		ebtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		15,416.00	\$	19,833.34	
3.	Estimate and list monthly overt	ime pay₊		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	1	5,416.00	\$	19,83 3.34	

Official Form 1061 Schedule I: Your Income page 1

Debt	or 1	Lee Alexander Bressler		Case	number (if known)	18-13	098		
				For	Debtor 1	non-	Debtor 2	ous	
	Cop	by line 4 here	4.	\$	15,416.00	\$	19,8	33.	34
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	4,923.90	\$	5,€	307.	64
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.	00
	5c.	Voluntary contributions for retirement plans	5c.	\$	1,541.66	\$	1,	541.	00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		0.	00
	5e.	Insurance	5e.	\$	140.16	\$	1,3	320.	60
	5f.	Domestic support obligations	5f.	\$	0.00	\$			00
	5g.	Union dues	5g.	\$	0.00	\$			00
	5h.	Other deductions. Specify: Transit Expense Deduction	5h.+	- \$	0.00	+ \$		80.	66
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	6,605.72	\$	8,	549.	90
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	8,810.28	\$	11,	283.	44
8.	List 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	8a.	\$	0.00	\$		n	00
	01	monthly net income. Interest and dividends	8b.	*-	0.00	\$			50
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$			00
	8d.		8d.	\$	0.00			0.	.00
	8e.	Social Security	8e.	\$	0.00			0.	00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00				.00
	8g.	Pension or retirement income	8g.	\$	0.00				.00
	8h.	Other monthly income. Specify	8h	+ \$_	0.00	+ \$		0.	.00
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$			0.50
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		8,810.28 + \$	11,2	83.94	= \$	20,094.22
11,	Sta Incl oth Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	deper				chedule 11.	J. +\$	0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain slies	ult is t in Liab	he cor ilities a	nbined monthly and Related <i>Da</i>	income. ta, if it	12.		20,094.22 mbined
13.	Do	you expect an increase or decrease within the year after you file this form	?					mo	nthly income
		No.							
		Yes Explain:							

Fill	in this informa	tion to identify yo	our case;	or the control of the	State WW	ĺ		
Deb	otor 1	Lee Alexand	er Bressl	er		Che	eck if this is: An amended filing	
	otor 2 ouse, if filing)					A supplement sho	wing postpetition chapter f the following date:	
Unit	ted States Bankr	uptcy Court for the:	SOUTH	ERN DISTRICT OF NEW	YORK		MM / DD / YYYY	
	nown)	3-13098						
0	fficial Fo	rm 106J						
		J: Your I						12/15
info	ormation. If m		eded, atta	If two married people a ch another sheet to this n.				
Par		ibe Your House	hold					
1.	Is this a joir							
	■ No. Go to	o line 2. s Debtor 2 live i	n a separa	ate household?				
	_ N							
		-	t file Offici	al Form 106J-2, Expenses	s for Separate House	hold of Del	btor 2.	
2.	Do vou have	e dependents?	□ No					
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the					_	□ No
	dependents	names.			Child		5	■ Yes □ No
					Child		7	Yes
								□ No
								☐ Yes
								□ No
3	Do your ext	enses include	_					☐ Yes
	expenses o	f people other the d your depender	han \Box	No Yes				
		ate Your Ongoir						
exp				uptcy filing date unless y y is filed. If this is a sup				apter 13 case to report of the form and fill in the
	•	•		government assistance luded it on <i>Schedule I:</i>	•			
	ficial Form 10					poses	Your exp	oenses
4.		or home owners and any rent for the		ses for your residence. r lot.	Include first mortgag	e 4.	\$	8,865.31
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b		153.67
			•	pkeep expenses		4c.		300.00
_		owner's associat			71 1	4d.	X	2,300.00
5.	Additional r	nortgage payme	ents for yo	o <mark>ur residence,</mark> such as ho	ome equity loans	5.	a a	2,350.00

city, heat, natural gas sewer, garbage collection one, cell phone, Internet, satellite, and cable services Specify: pusekeeping supplies ad children's education costs undry, and dry cleaning re products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations le insurance deducted from your pay or included in lines 4 or 20. surance insurance e insurance. Specify: ot include taxes deducted from your pay or included in lines 4 or 20. or lease payments: hyments for Vehicle 1 hyments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report orn your pay on line 5, Schedule I, Your Income (Official Form 106) ents you make to support others who do not live with you.	6a. \$ 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17b. \$ 17b. \$ 17c. \$ 17d. \$ 17d		0.00 0.00 550.00 0.00 1,984.00 8,000.00 300.00 150.00 300.00 0.00 0.00 0.00 0.00
sewer, garbage collection one, cell phone, Internet, satellite, and cable services Specify: pusekeeping supplies and children's education costs undry, and dry cleaning re products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations le insurance deducted from your pay or included in lines 4 or 20, surance insurance insurance. Specify: ot include taxes deducted from your pay or included in lines 4 or 20. for lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report tom your pay on line 5, Schedule I, Your Income (Official Form 106)	6b. 9 6c. 9 7. 8 9. 3 10. 3 11. 5 12. 3 14. 5 15a. 3 15b. 3 15c. 3 15d. 3 17a. 9 17a. 9 17c. 8		0.00 550.00 0.00 1,984.00 8,000.00 300.00 100.00 300.00 150.00 300.00 0.00 0.00 200.00 0.00
one, cell phone, Internet, satellite, and cable services Specify: pusekeeping supplies and children's education costs undry, and dry cleaning re products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations de insurance deducted from your pay or included in lines 4 or 20, surance insurance insurance insurance. Specify: ot include taxes deducted from your pay or included in lines 4 or 20. for lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report tom your pay on line 5, Schedule I, Your Income (Official Form 106)	6c. 96d. 97. 98. 99. 99. 99. 99. 99. 99. 99. 99. 99		550.00 0.00 1,984.00 8,000.00 300.00 100.00 300.00 150.00 300.00 0.00 0.00 200.00 0.00
Specify: pusekeeping supplies and children's education costs andry, and dry cleaning re products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations de insurance deducted from your pay or included in lines 4 or 20. surance insurance insurance insurance. Specify: ot include taxes deducted from your pay or included in lines 4 or 20. for lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report form your pay on line 5, Schedule I, Your Income (Official Form 106)	6d. 9 7. 8 9. 8 10. 8 11. 8 12. 8 14. 8 15a. 8 15b. 8 15c. 8 15d. 9 16. 8 17a. 8 17b. 8 17c. 8		0.00 1,984.00 8,000.00 300.00 100.00 300.00 150.00 300.00 0.00 0.00 0.00 0.00
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and children's education costs andry, and dry cleaning re products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations le insurance deducted from your pay or included in lines 4 or 20. surance insurance insurance insurance. Specify: of include taxes deducted from your pay or included in lines 4 or 20. or lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	8. 9 9. 8 10. 8 11. 8 12. 9 13. 8 14. 8 15b. 8 15c. 8 15c. 8 15d. 9 17a. 9 17b. 8		8,000.00 300.00 100.00 300.00 150.00 300.00 0.00 0.00 200.00 0.00
and children's education costs andry, and dry cleaning re products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations le insurance deducted from your pay or included in lines 4 or 20. surance insurance insurance insurance. Specify: of include taxes deducted from your pay or included in lines 4 or 20. or lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	9. 9 10. 9 11. 9 12. 9 13. 9 15a. 9 15b. 9 15c. 9 15d. 9 17a. 9 17b. 9 17b. 9		300.00 100.00 300.00 150.00 300.00 0.00 0.00 200.00 0.00
re products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations le insurance deducted from your pay or included in lines 4 or 20. surance insurance insurance insurance. Specify: ot include taxes deducted from your pay or included in lines 4 or 20. or lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	10. 9 11. 9 12. 9 13. 14. 9 15a. 9 15b. 9 15c. 9 15d. 9 17a. 9 17b. 9 17c. 9		100.00 300.00 150.00 300.00 0.00 0.00 200.00 0.00
re products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations le insurance deducted from your pay or included in lines 4 or 20. surance insurance insurance insurance. Specify: ot include taxes deducted from your pay or included in lines 4 or 20. or lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$		300.00 150.00 300.00 0.00 0.00 200.00 0.00
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e car payments. nt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations le insurance deducted from your pay or included in lines 4 or 20, surance insurance insurance insurance. Specify: ot include taxes deducted from your pay or included in lines 4 or 20. or lease payments: lyments for Vehicle 1 lyments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	13. 3 14. 5 15a. 3 15b. 3 15c. 3 15d. 3 17a. 3 17b. 3		300.00 0.00 0.00 0.00 200.00 0.00
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le insurance deducted from your pay or included in lines 4 or 20. surance insurance insurance. Specify: of include taxes deducted from your pay or included in lines 4 or 20. or lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	15a. 3 15b. 3 15c. 3 15d. 3 16. 3 17a. 3 17b. 3	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0.00 0.00 200.00 0.00
surance insurance insurance insurance. Specify: of include taxes deducted from your pay or included in lines 4 or 20. or lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	15b. 3 15c. 3 15d. 3 16. 3 17a. 3 17b. 3	6	0.00 200.00 0.00
surance insurance insurance insurance. Specify: of include taxes deducted from your pay or included in lines 4 or 20. or lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	15b. 3 15c. 3 15d. 3 16. 3 17a. 3 17b. 3	6	0.00 200.00 0.00
insurance e insurance insurance. Specify: ot include taxes deducted from your pay or included in lines 4 or 20. or lease payments: lyments for Vehicle 1 lyments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report or your pay on line 5, Schedule I, Your Income (Official Form 106)	15b. 3 15c. 3 15d. 3 16. 3 17a. 3 17b. 3	6	0.00 200.00 0.00
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or lease payments: Insurance of lease payments Insurance of lease of lea	15d. \$ 16. \$ 17a. \$ 17b. \$ 17c. \$	5 	0.00
or lease payments: syments for Vehicle 1 syments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report tom your pay on line 5, Schedule I, Your Income (Official Form 106)	16. 5 17a. 5 17b. 5 17c. 5	5	0.00
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yments for Vehicle 1 yments for Vehicle 2 Specify: Parking Garage Specify: nts of alimony, maintenance, and support that you did not report om your pay on line 5, Schedule I, Your Income (Official Form 106)	17b. 3		0.00
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Specify: nts of alimony, maintenance, and support that you did not report om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I		1	550.00
nts of alimony, maintenance, and support that you did not report om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I	170.		0.00
of your pay on line 5, Schedule 1, Your moonic Comount of the root	as 1) 18. 3		0.00
ents volumake to support others who do not live with you.	.,.	\$	0.00
,	19.		
roperty expenses not included in lines 4 or 5 of this form or on So	chedule I: You	ır Income.	
ages on other property	20a.	\$	0.00
state taxes	20b.	\$	0.00
ty, homeowner's, or renter's insurance	20c.	\$	0.00
enance, repair, and upkeep expenses	20d.	\$	0.00
owner's association or condominium dues	20e.	\$	0.00
ify:	21.	+\$	0.00
our monthly expenses		¢.	26,422,22
	0		26,402.98
	-2		
22a and 22b. The result is your monthly expenses.		\$	26,402.98
our monthly net income.	:1-		
ine 12 (your combined monthly income) from Schedule I.			20,094.22
your monthly expenses from line 22c above.	23b.	-\$	26,402.98
act your monthly expenses from your monthly income.	23c	\$	-6,308.76
9	ur monthly expenses s 4 through 21. e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J- 22a and 22b. The result is your monthly expenses. ur monthly net income. ine 12 (your combined monthly income) from Schedule I. your monthly expenses from line 22c above.	ur monthly expenses s 4 through 21. e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22a and 22b. The result is your monthly expenses. ur monthly net income. ine 12 (your combined monthly income) from Schedule I. 23a, your monthly expenses from line 22c above. 23b. ct your monthly expenses from your monthly income, sult is your monthly net income.	ur monthly expenses s 4 through 21. e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22a and 22b. The result is your monthly expenses. sur monthly net income. ine 12 (your combined monthly income) from Schedule I. your monthly expenses from line 22c above. ct your monthly expenses from your monthly income.